

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #	
I. TYPE OF NOTIFICATION (O=ORIGINAL R=REVISED C=CANCELLED):			WPR Notice?	
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)				
OWNER NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TEL:		
REMOVAL CONTRACTOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TEL:		
OTHER OPERATOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TEL:		
III. TYPE OF OPERATION (D=DEMO O=ORDERED DEMO R=RENOVATION E=EMER.RENOVATION):				
IV. IS ASBESTOS PRESENT? (YES/NO)				
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)				
BLDG NAME:				
ADDRESS:				
CITY:		STATE:	COUNTY:	
SITE LOCATION:				
BUILDING SIZE:	NUM OF FLOORS:	AGE IN YEARS:		
PRESENT USE:		PRIOR USE:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW
		CAT I	CAT II	UNIT
PIPES				Ln Ft: Ln m:
SURFACE AREA				Sq Ft: Sq m:
VOL RACM OFF FACILITY COMPONENT				Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: _____ COMPLETE: _____				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: _____ COMPLETE: _____				

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NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address

City:

State:

Zip:

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name:

Location:

City:

State:

Zip:

Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator)

(Date)